Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, July 21, 2016 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Lerner called the meeting to order.

Present: Chairman Wayne M. Lerner, DPH, LFACHE and Directors Emilie N. Junge and Carmen Velasquez (3)

Board Chairman M. Hill Hammock (ex-officio) and Directors Ada Mary Gugenheim and Mary B. Richardson-Lowry

Absent: None (0)

Douglas Elwell – Deputy CEO of Finance and Strategy
Steven Glass – Executive Director of Managed Care
Leo Gutierrez – Valence Health
Karen Janousek – Valence Health
Jeff McCutchan – Interim General Counsel
Mary Sajdak - Senior Director of Managed Care
Deborah Santana – Secretary to the Board
John Jay Shannon, MD - Chief Executive Officer
Caryn Stancik – Executive Director of Communications
Kevin Weinstein – Valence Health

II. Public Speakers

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report on CountyCare Health Plan (Attachment #1)

Steven Glass, Executive Director of Managed Care, introduced the following representatives from Valence Health, who were present to discuss the recent announcement of the acquisition of Valence Health by Evolent Health: Karen Janousek, President of Health Plan Services; Kevin Weinstein, Chief Growth Officer; and Leo Gutierrez, Vice President of Client Management.

Ms. Janousek read the following statement:

> *My name is Karen Janousek. I am the President of Valence Health's Value Based Services Unit, and I am the Executive Sponsor for CountyCare within Valence Health. I am joined by Kevin Weinstein, who is the Chief Growth Officer at Valence Health, and Leo Gutierrez, who is the Executive Director for the CountyCare account at Valence Health, and who is your daily point of contact.*
>
> *As you are aware, Valence Health has entered into a definitive agreement to merge the majority of our business into Evolent Health. A bit of background, on the merger itself, the reasons behind it, and what it will mean for CountyCare.*

The vast majority of our business, which services provider-based organizations like yours, and of which we do understand the strategic imperative of CountyCare to the System as a whole, will be acquired by Evolent Health. The transition is expected to close in September or October; once closed, Valence is expected to operate largely as a standalone subsidiary, leveraging Evolent's resources as appropriate, but not deviating from our current process of serving our current clients.

With the exception of Andrew Eckert, who has served as our CEO for about one year, the entire Valence Health operating executive team will be moving over to Evolent Health. The executive group includes those of us here today, as well as our co-founder and company president, Todd Stockard, and Phil Camp, who has overall responsibility for all of the operations of Valence, and has worked very closely with CountyCare from the inception of the Request for Proposals (RFP) through today. All of our offices, including both of our Chicago locations, which are less than two miles from here, will continue to operate and continue to support the contract we've entered into and are expected to grow significantly. No Valence Health executives will be re-locating to Evolent offices at this time.

Evolent sought us out for the same reasons that many of our clients have done, our expertise in Medicaid administration and provider-sponsored plans. Evolent, like Valence, is a company dedicated to empowering providers. Today, they assist 13 provider-sponsored plans and risk-bearing entities, but are primarily focused on Medicare and commercial populations, not Medicaid. Additionally, while Valence has been more administratively focused, Evolent has been more focused on clinical transformation. These complementary efforts are the foundation of our merger, allowing each of us to offer a more comprehensive set of solutions to our current and future clients. Additionally, Evolent has a very strong balance sheet with over $130 million of cash on hand, which will allow for accelerated investment in new services and solutions for all of our clients. And, as a combined company, Valence and Evolent will have the scale necessary to provide additional support to our clients at the local, state and federal policy levels.

Lastly, and most importantly, I'd like to address what CountyCare can expect from us, as we move through this merger. First, stability. Nothing is changing in regards to how we support and service CountyCare. You will have the exact same team working out of the exact same offices here in Chicago. Second, account support. Again, nothing changes here. You will still have the same daily/weekly/monthly/quarterly team meetings and executive sponsor meetings. Lastly, as Valence and Evolent come together, and we begin to more fully understand where each other's solutions can best serve and assist clients, you can expect that we will bring these solutions to your attention as is appropriate. It may be that they can help accelerate the achievement of CountyCare's goals in the service of Medicaid patients here in Illinois.

Several questions were raised by Committee Members and were addressed by the Valence representatives regarding Evolent and the merger. It was noted that Evolent has a total of thirteen (13) clients similar to CCHHS nationwide. Director Junge inquired whether any of those clients are from the public sector. Mr. Weinstein responded that he did not believe so, but will follow up and provide a definitive answer.

Mr. Weinstein noted that, because Evolent and Valence operate largely different sets of services today, and because Valence will be the only provider of employee-based third-party administrator services there, there is no plan to change the way Valence runs the value-based services unit, because there is not an analogous business within the existing Evolent structure.

III. Report on CountyCare Health Plan (continued)

Chairman Lerner noted that, as it gets closer to the integration time, Evolent may see an opportunity to take some of the Valence people and move them to other clients; with that said, CCHHS' concern is that it has the center of attention with Valence, because it is so critical to the people it serves. Once the merger activities have been finalized, Valence will then be owned by a parent. He suggested that, soon after this takes place, a representative from the parent organization and the key people from Valence should come and meet with Mr. Glass, Dr. John Jay Shannon, Chief Executive Officer and Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy, to really do a drill-down on what this really means at the operational level. The merger is expected to close in the fall, so that meeting can perhaps take place in the 4th quarter of this year; Mr. Glass can report back to the Managed Care Committee regarding that meeting.

Director Richardson-Lowry noted that, in the nature of mergers and acquisitions, there is typically more unknown than known. She valued the discussion today, and appreciates the plan for the 4th quarter drill-down and report back to the Committee, but she would also like whomever the team is at that point from the newly-formed entity to appear back before the Committee, so that the Committee can have a better sense of what the "going forward" actually is. Chairman Lerner concurred; he indicated that, if it works out from a timing point of view, the November Managed Care Committee Meeting would be the time to have those representatives back before the Committee, so they would need to meet with the staff before then.

Chairman Lerner stated that this Committee is not expecting anything but positive benefits from the merger, but as has been mentioned, there are always unintended consequences that always come along when a new partnership has been created. What this Board has to do is make sure that it is overseeing what is going on in this organization for the benefit of the patients it serves. This Board wants assurances that its core business is going to be attended to, and if there are positive benefits from the integration, this Board also wants to know how those will affect the organization. He requested that these thoughts be communicated to the management at Evolent Health.

Dr. Shannon stated for the record that, for those CountyCare members, with everything that has been heard thus far regarding whatever relationship building and changes that are happening as a result of this merger over the course of the coming year, he has not heard anything to suggest that anything would be visible to members or that anything would change for CountyCare members. Ms. Janousek concurred with that statement.

Mr. Glass provided an overview of the Report on the CountyCare Health Plan. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Transition Update
- CountyCare Non-Compliance Notice from the Illinois Department of Healthcare and Family Services
- Metrics – Membership "Deep Dive" and Call Center Performance
- Network Management
- Marketing Update

III. Report on CountyCare Health Plan (continued)

During the review of the information on slide 8, regarding the State's Non-Compliance Notice, it was noted that all other managed care plans in the state also received this notice. Mr. Glass indicated that he will find out where CountyCare ranks with regard to percentage of compliance (currently at 53%) within the list of all managed care plans. Additionally, Chairman Lerner inquired regarding the requirement of 75% compliance; he asked whether that percentage applies to new or existing members. Mr. Glass stated that he will look into that question and will provide a response.

During the discussion of the metrics on call center performance, Director Velasquez inquired regarding the transition of call center activities from Texas to Chicago, which is planned to take place in 2017; she asked whether that can happen sooner. Mr. Glass stated that the administration can look into doing that. Director Richardson-Lowry indicated her displeasure with the call center performance metrics; she stressed that this Board's expectations are that these numbers will improve greatly or the Board will re-evaluate. Chairman Lerner requested that this message be passed along to representatives at Valence Health.

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, May 19, 2016

Director Junge, seconded by Director Velasquez, moved to accept the minutes of the Managed Care Committee Meeting of May 19, 2016. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

As the agenda was exhausted, Chairman Lerner declared the meeting ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXX
Wayne M. Lerner, DPH, LFACHE, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

ATTACHMENT #1

CountyCare Report

Prepared for: Managed Care Committee of the CCHHS Board of Directors

Steven Glass, Executive Director, Managed Care

July 21, 2016

Lots To Talk About

- Transition Update
- CountyCare Non-Compliance Notice From HFS
- Metrics
  - Membership ‘Deep Dive’
  - Call center performance
- Network Management
- Marketing Update

Transition Update

Evolent Health
Acquiring Valence Health

- Valence splitting into two business, selling largest portion to Evolent for $145M
- Announced July 13th; Effective Dec'16 pending regulatory approval
- Valence's TPA business, including existing leadership, transferring to Evolent and remaining in Chicago

Transition Update

Contracts

- Finalizing agreements with existing partners: DentaQuest, First Transit, La Rabida Care Coordination, Medical Home Network ACO

Oversight

- Monthly Joint Operating Committees with all vendors in place; Quarterly Delegated Vendor Oversight meetings with CountyCare's Exec Committee

Transition Areas of Focus

1. Fraud, Waste and Abuse (FWA) Program and Special Investigations Unit (SIU)*
2. Credentialing and Re-credentialing*
3. vQuest/Vision (analytics tools)
4. Provider File Transmission (to/from HFS)
5. Call Center Performance
6. Claims Processing
7. Encounter Submission & Testing (EUM)
8. Medical Prior Authorization Look-Up Tool

**Corrective Action Plan in place.*

HFS Non-Compliance Notice

State Non-Compliance Notice

- April 28, 2016: All plans receive non-compliance letter (MCCN Section 5.13.8.1)
  - Performing "…below what HFS considers 'best efforts.'" to develop care plans within 90 days for ICP enrollees with high/moderate stratification, and for all HCBS enrollees
- CountyCare reports 53% as of February, 2016
- Letter states 75% is expectation by January 1, 2017
  - If 75% not achieved, possible sanctions of fines ($1k-$25k), auto-enrollment suspension, or both.

Plan To Achieve 75%

- All ICP & HCBS members moved to new care coordinators April 1
  - ICP @ CCHHS CCC & MHN ACO
  - HCBS @ CCHHS CCC
- Oversight work plan developed and implemented by CountyCare's Manager of Care Management
- BOD monitoring to be incorporated into future metrics

Metrics Focus:
Membership ‘Deep Dive’

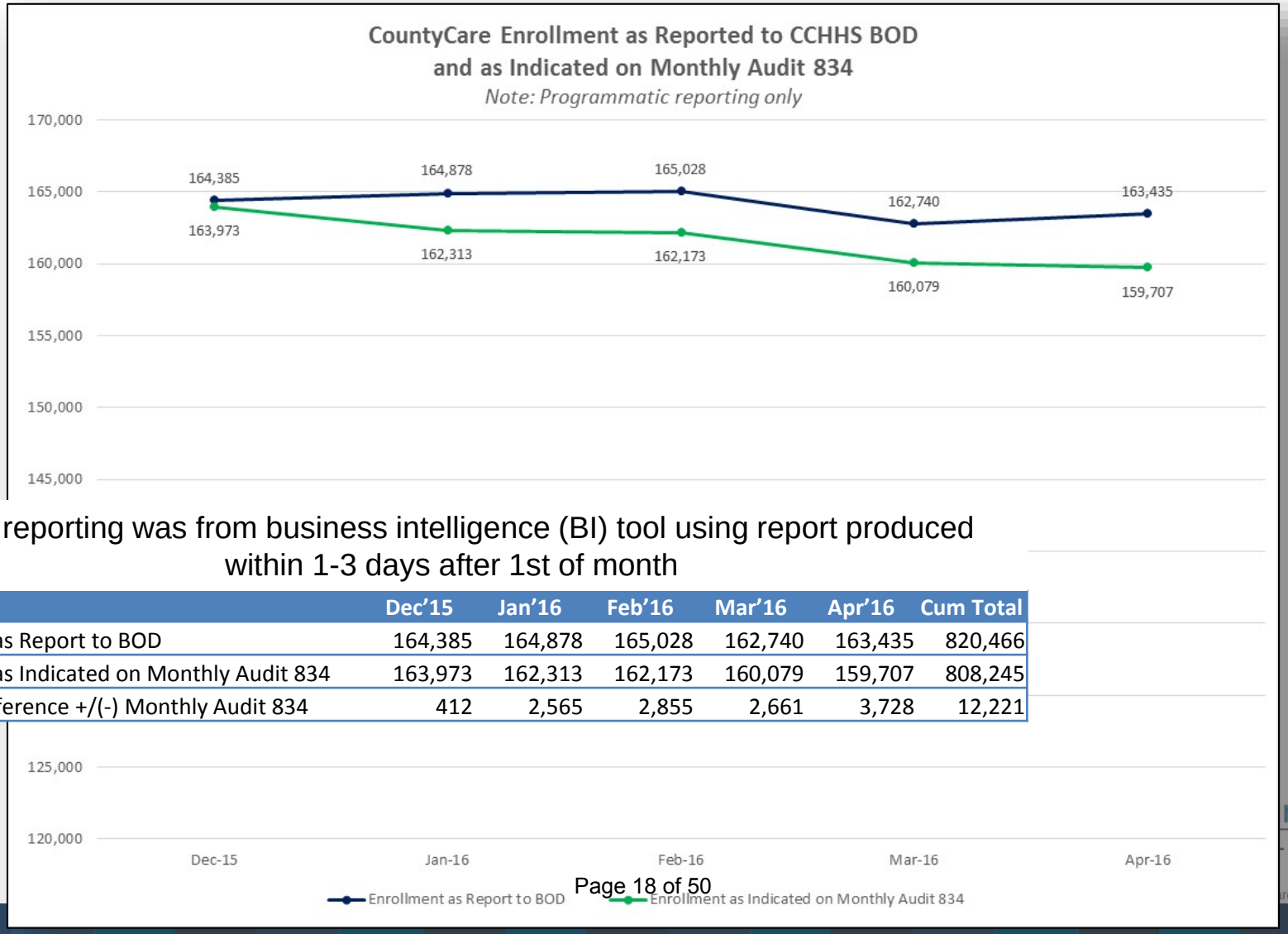
Definitions

- Daily membership files (834) from HFS
  - Additions & Reinstatements: Effective 1st of next month, or month thereafter
  - Deletions: Effective last day of current month
- Monthly Audit 834 comes 1x month
  - Roll-up compilation of all daily 834s
- Monthly Audit 834 captures data from approx. 20th-20th of month

CountyCare Enrollment Monthly 834 Audit Files

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	12 Month Change N	12 Month Change %
Monthly Audit														
ACA	80,622	78,075	76,607	75,504	74,432	73,329	72,107	71,844	69,831	70,025	67,208	65,366	**-15,256**	**-18.9%**
FHP	87,311	87,701	87,770	87,817	87,608	87,109	86,548	86,470	86,195	85,465	85,750	84,599	**-2,712**	**-3.1%**
ICP	2,749	2,957	3,152	3,279	3,357	3,532	3,635	3,840	4,033	4,217	4,399	4,518	**1,769**	**64.4%**
Not Indicated	74	70	8	2	3	3	23	19	20					
Total Monthly Audit	**170,756**	**168,803**	**167,537**	**166,602**	**165,400**	**163,973**	**162,313**	**162,173**	**160,079**	**159,707**	**157,357**	**154,483**	**-16,273**	**-9.5%**
Diff from Month Prior		**-1,953**	**-1,266**	**-935**	**-1,202**	**-1,427**	**-1,660**	**-140**	**-2,094**	**-372**	**-2,350**	**-2,874**		
Daily 834													**Total**	**% New Adds**
Selected		3,009	3,109	3,052	3,095	3,299	2,732	3,411	3,004	3,499	3,183	2,406	**33,799**	**56.7%**
Auto		2,160	1,383	1,138	1,520	1,910	2,152	2,971	2,190	2,129	2,443	1,525	**21,521**	**36.1%**
Not Indicated		464	474	454	397	465	374	389	403	392	364	134	**4,310**	**7.2%**
Re-enrollment		1,153	1,124	988	1,040	1,137	940	882	933	850	1,042	882	**10,971**	
Termination (End of Prev. Month)		-8,184	-7,096	-6,283	-7,084	-7,766	-14,431	-7,781	-8,689	-6,015	-9,271	-7,219	**-89,819**	
Total Daily 834 Changes		**-1,398**	**-1,006**	**-651**	**-1,032**	**-955**	**-8,233**	**-128**	**-2,159**	**855**	**-2,239**	**-2,272**	**-19,218**	
Estimated Monthly Enrollment	**170,756**	**169,358**	**167,797**	**166,886**	**165,570**	**164,445**	**155,740**	**162,185**	**160,014**	**160,934**	**157,468**	**155,085**		
Difference		**555**	**260**	**284**	**170**	**472**	**-6,573**	**12**	**-65**	**1,227**	**111**	**602**		

Report Timing

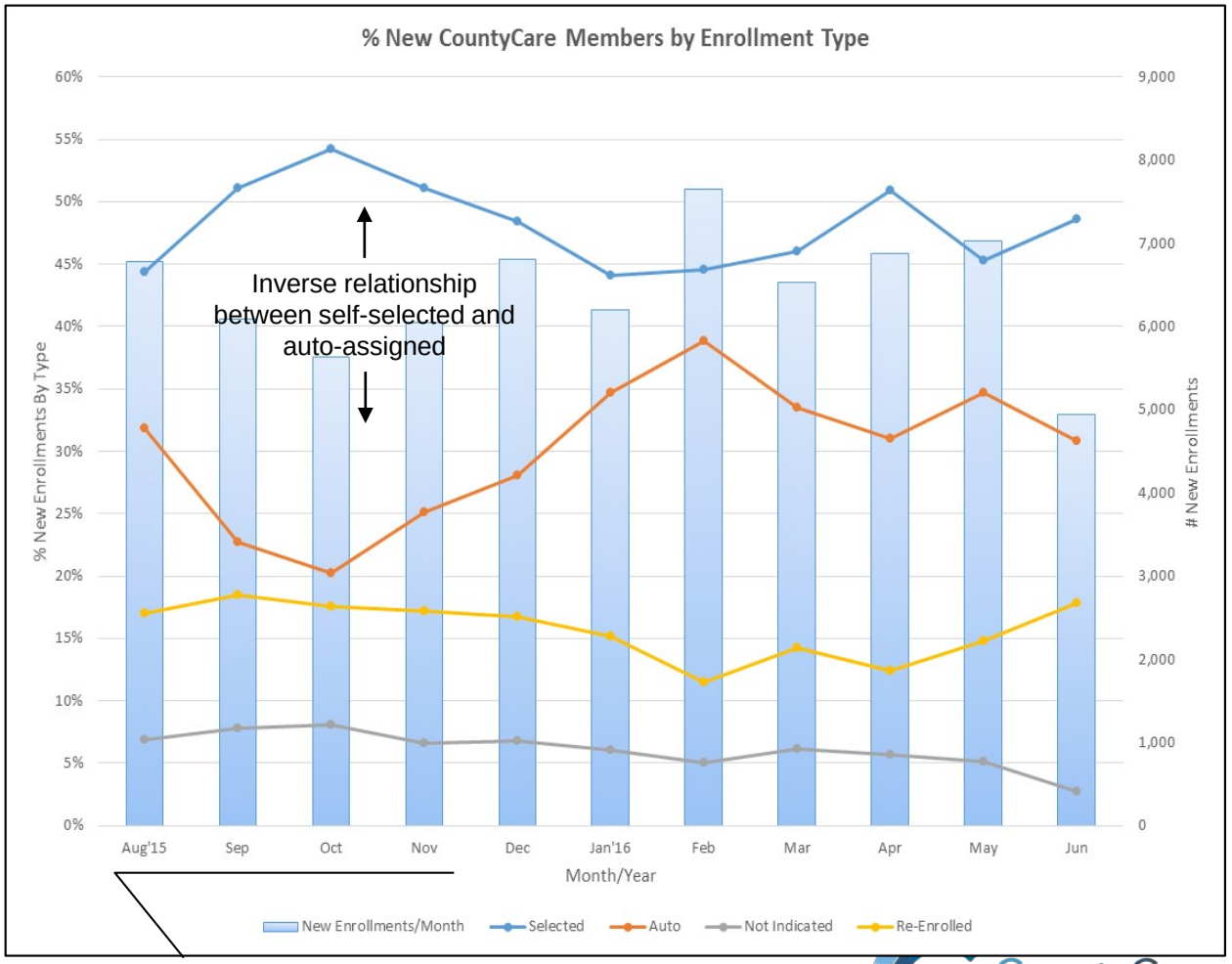


Prior reporting was from business intelligence (BI) tool using report produced within 1-3 days after 1st of month

	Dec'15	Jan'16	Feb'16	Mar'16	Apr'16	Cum Total
Enrollment as Report to BOD	164,385	164,878	165,028	162,740	163,435	820,466
Enrollment as Indicated on Monthly Audit 834	163,973	162,313	162,173	160,079	159,707	808,245
Monthly Difference +/(-) Monthly Audit 834	412	2,565	2,855	2,661	3,728	12,221

Auto-Assignment Algorithm

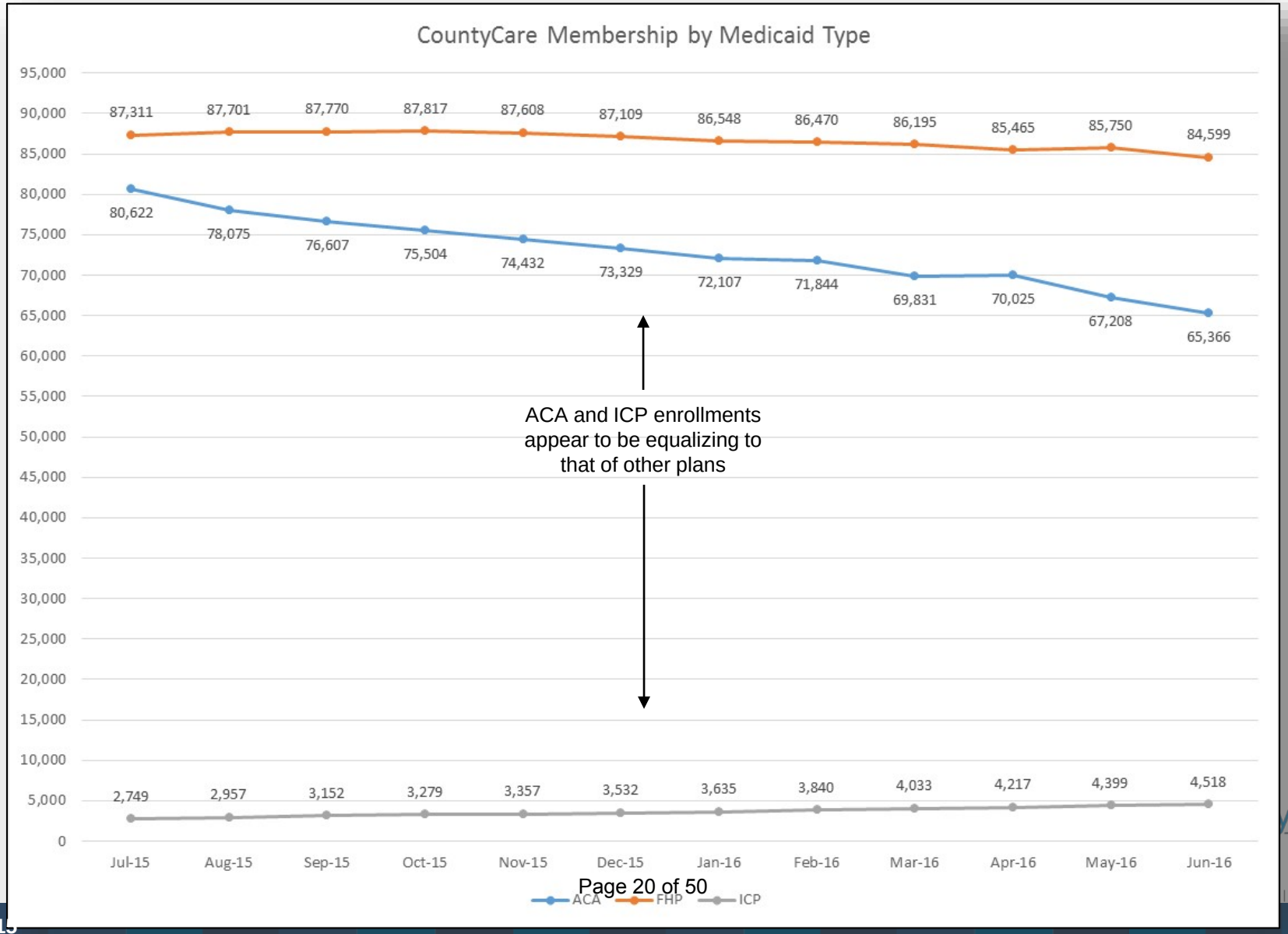
- Auto-assignment algorithm equalizes month's new enrollments across all plans
- It does not equalize auto-assignments only
- In other words, plans with highest selection have lowest auto-assignment.



CountyCare has highest self-selected enrollment than any other plan

CountyCare HEALTH PLAN

Membership by Category



Encounter Utilization Management (EUM) & Auto-Assignment Results

- HFS process to capture encounter data retro to Jan 1, 2014
- Measured quarterly
- Miss once = $50K fine
- Miss again = $50K fine + auto-assignment shut-off for quarter
- Target this reporting period = 85%
- CountyCare score = 13.50 failure, or 86.5% completion

Final Determination - EUM Evaluation Period 2 - 2016 Measures service period Q3 2014 - Q2 2015 as of 6/17/2016				
Health Plan	***Scores From HFS***		***Final Determination***	
	ICP	***FHP***	***ICP***	***FHP***
Aetna	11.73%	10.55%	No Sanction	No Sanction
BCBSIL	24.26%	31.07%	$50K Only	$50k and Auto-Assign Shut-Off
CCAI	36.04%		$50k and Auto-Assign Shut-Off	
Cigna HealthSpring	61.65%		$50k and Auto-Assign Shut-Off	
CountyCare		**13.50%**		**No Sanction**
FHN		41.31%		$50k and Auto-Assign Shut-Off
Harmony		22.56%		$50K Only
Health Alliance	13.25%	10.85%	No Sanction	No Sanction
Humana	21.43%		$50K Only	
IlliniCare	6.74%	17.70%	No Sanction	
Meridian	13.73%	11.57%	No Sanction	No Sanction
Molina	9.95%	12.89%	No Sanction	No Sanction

Deletions by Absence

- Definition:
  - Member appears on a Monthly Audit 834, *and*
  - Member is not on a subsequent Monthly Audit 834, *and*
  - No Daily 834 deletion is received.
- Estimated loss of 7,000+ member months since 4/2016
- Not a new phenomenon and not unique to CountyCare
- Working with HFS to identify full impact and root cause

Enrollment Action Plan

1. Timing: Monthly Audit 834 = "Source of Truth" for all operational and financial (accrual) reporting
2. Financials: Audit 834/820 reconciliation project (internal processes)
3. Auto-Assignment: Continue discussions with HFS on policy
4. Deletion by Absence: Launched root cause and reconciliation project with HFS

Metrics Focus:
Call Center Performance

Current Call Centers

CountyCare

1. Member Services
2. Provider Services
3. Utilization Management & Authorizations
4. 24-Hour Nurse Hotline & Crisis Lines (adult and peds)

CCHHS

5. Benefits Enrollment & Redetermination Assistance
6. Patient Support Center
7. Care Management (within Patient Support Center)

Call Center Transition

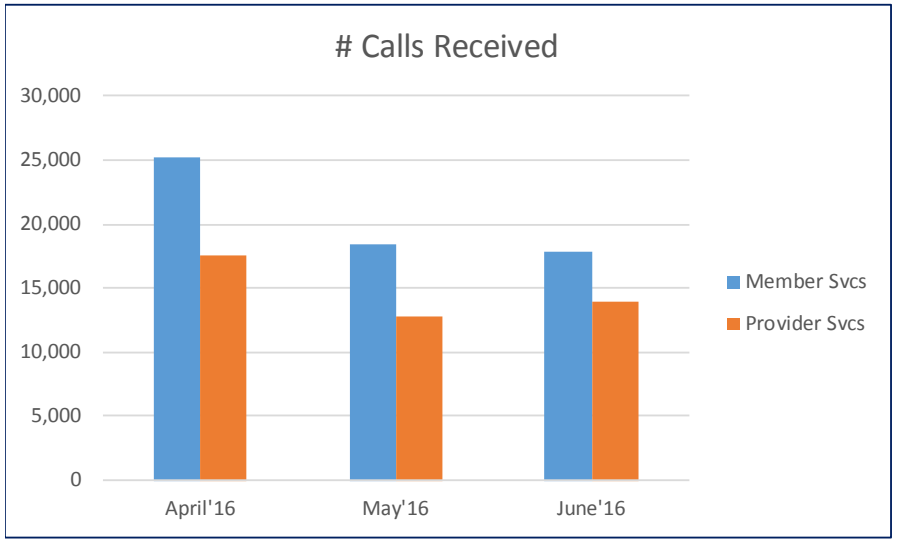
- CountyCare call centers transitioned to Valence April 1
- 100% new staff in all areas (34 FTEs)
- CountyCare staff on-site at go-live and 1-month post
- Anticipated decreased performance, especially due to lack of pre-April 1 claims info

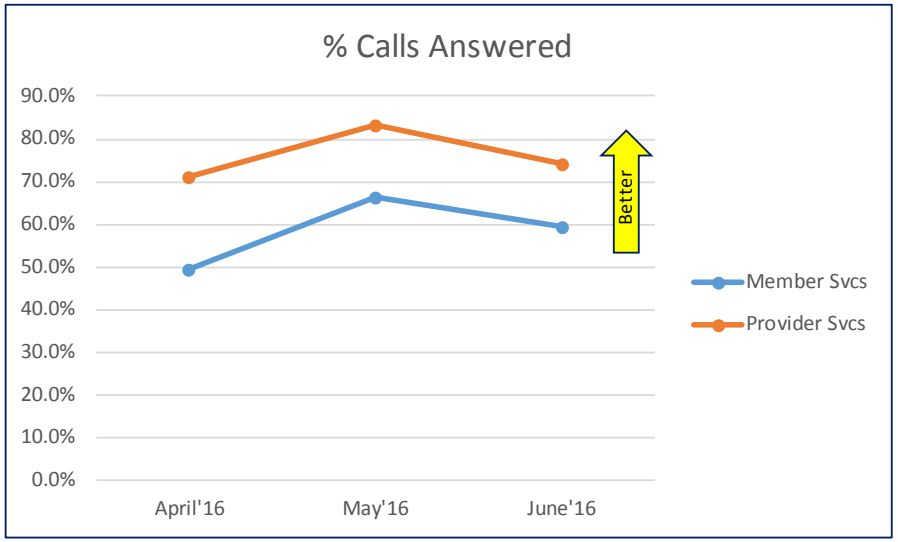
Unexpected Events

- Staff turnover in first 90 days
- Manager terminated
- Delays in achieving hiring goals
- Limited dual-language staffing

Call Center Performance

	Member Services Call Center					Provider Services Call Center				
	April'16	May'16	June'16	Change	2-Month Trend	April'16	May'16	June'16	Change	2-Month Trend
Total # Calls Received	**25,238**	**18,370**	**17,870**	**(500)**		**17,632**	**12,767**	**13,958**	**1,191**	
% Calls Answered by Cust Svc Rep	41.3%	57.5%	48.2%	-9.4%	▼	29.5%	45.7%	42.6%	-3.1%	▼
% Calls Answered by IVR	8.8%	11.9%	11.3%	-0.6%	--	41.5%	37.8%	31.5%	-6.2%	▼
% Calls Answered	**49.7%**	**66.3%**	**59.5%**	-6.9%	▼	**71.0%**	**83.4%**	**74.1%**	-9.4%	▼
Abandonment Rate	**49.9%**	**33.0%**	**40.5%**	7.5%	▼	**28.9%**	**16.6%**	**25.9%**	9.4%	▼
% Calls Answered < 30 Seconds	**14.4%**	**24.7%**	**18.4%**	-6.2%	▼	**43.6%**	**43.1%**	**33.9%**	-9.2%	▼
Average Hold Time (min:sec)	**9:50**	**5:07**	**8:56**	3:49	▼	**14:10**	**7:15**	**13:24**	6:09	▼
Average Call Time (min:sec)	**9:32**	**8:29**	**8:48**	0:19	--	**9:16**	**7:35**	**8:05**	0:30	▼
% of Successful Call Backs	**68.3%**	**73.8%**	**70.3%**	-3.50%	▼	**0.0%**	**64.5%**	**51.6%**	-12.93%	▼





Call Center Next Steps

- Contractual obligations begin 10/1
- Requested improvement plan from Valence
- Will monitor progress through monthly joint operating committee (JOC) and quarterly delegated vendor oversight (DVO) processes

Additional Metrics Highlights

<u>Note</u>: Complete metrics report included in packet for informational purposes only.

Quality, Risk Management & Utilization

- Final HEDIS measures for CY'15 have been submitted
  - Internal data show achievement of 1-of-6 FHP/ACA and 2-of-6 ICP pay-for-performance measures
  - Full report at next meeting
- (▲) Risk assessments up 2.3% in June; 3.7% of all members stratified as 'High Risk'

Utilization & Membership

- (na) Current utilization data not available pending implementation of new system; Will be available next reporting period
- (▼) CountyCare contributing $85.8M to CCHHS FYTD; 60% of budget
- (▼) Cancellations due to failure to re-determine up 25.9% from prior month
- (3rd) CountyCare 3rd largest health plan serving Cook County enrollees; BCBS=1, FHN=2

Network Management

Network Management Approach

Objective

- Provide CountyCare members access to a high quality provider network.

Initial Areas of Focus

- Oncology Treatment Services
- Coronary Artery Bypass Grafts (CABG)
- Behavioral Health Services

Oncology Treatment Services

- Limit oncology treatment to hospitals accredited by the Commission on Cancer (CoC)
- 22 in network
- 90-day notice on Aug 1
- Add'l 90-day transition of care (to Feb 1, 2017) with close care coordination support
- Cancer testing/screening available across network

In-Network Commission on Cancer Accredited Providers	Facility	Provider
Advocate Christ Medical Center	Y	
Advocate Illinois Masonic Medical Center	Y	
Advocate Lutheran General Hospital	Y	
Advocate South Suburban Hospital	Y	
Ann & Robert H Lurie Children's Hospital (non CoC Accredited Facility)	Y	Y
MacNeal Hospital	Y	
Mercy Hospital & Medical Center	Y	Y
Mt Sinai Medical Center	Y	Y
NorthShore Evanston Hospital	Y	
Northwest Community Healthcare	Y	
Northwestern Memorial Hospital	Y	
Presence Resurrection Medical Center	Y	Y
Presence Saint Francis Hospital	Y	Y
Presence Saint Joseph Hospital	Y	Y
Presence Saints Mary and Elizabeth Medical Center	Y	Y
Rush University Medical Center	Y	Y
Stroger Hospital of Cook County	**Y**	**Y**
Swedish Covenant Hospital	Y	
University of Chicago Hospital	Y	
University of Illinois Cancer Center	Y	Y
Weiss Memorial Hospital	Y	
West Suburban Medical Center	Y	

Coronary Artery Bypass Graft & Behavioral Health

- Clinical staff will develop network participation criteria by September 1
- Volume, quality outcomes and 3rd party validations will be considered
- Network providers will be notified no later than October 1, with implementation effective 90-days later
- Continuum of care period will be 90-days

Marketing Update

Medicaid Market Shifts

FAMILY HEALTH NETWORK

Community Care Alliance of Illinois
Community Care Alliance of Illinois, NFP

July 1, 2016

- CCAI staff notified of consolidation into FHN
- CCAI was wholly owned subsidiary of FHN for ICP & Medicare
- Est. 50 lay-offs

July 10, 2016

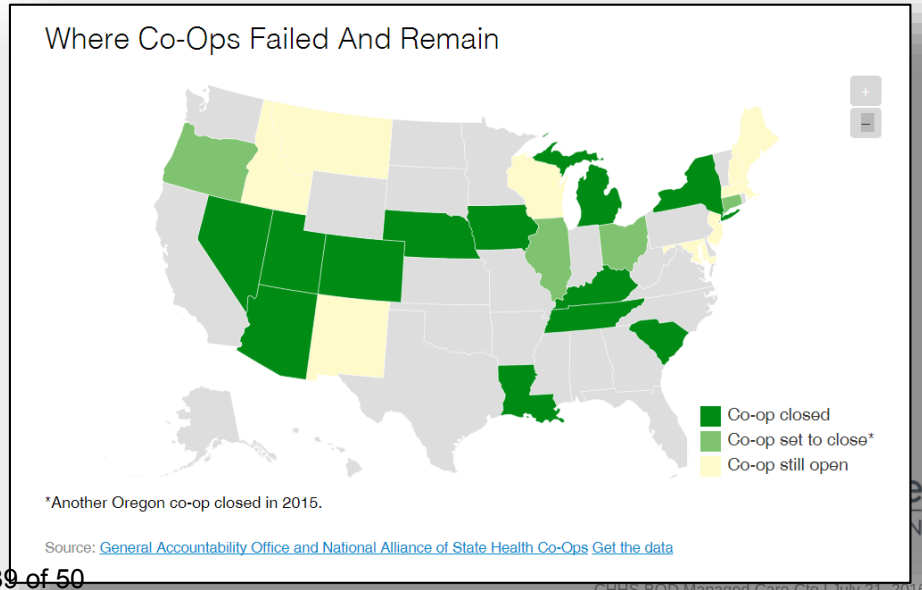
- HealthAlliance, a downstate MCCN, pulls out of Medicaid managed care effective Jan 1, 2017
- 135,000 members impacted

Marketplace (non-Medicaid) Shifts

July 12, 2016

- Land of Lincoln Health, marketplace CO-OP, taken over by State Dept of Insurance
- 49,000 members impacted

- **C**onsumer **O**riented and **O**perated **P**lans part of ACA
- Intended to spur Marketplace competition
- Supported by loans from Feds
- 2014 = 23; 2016 = 7

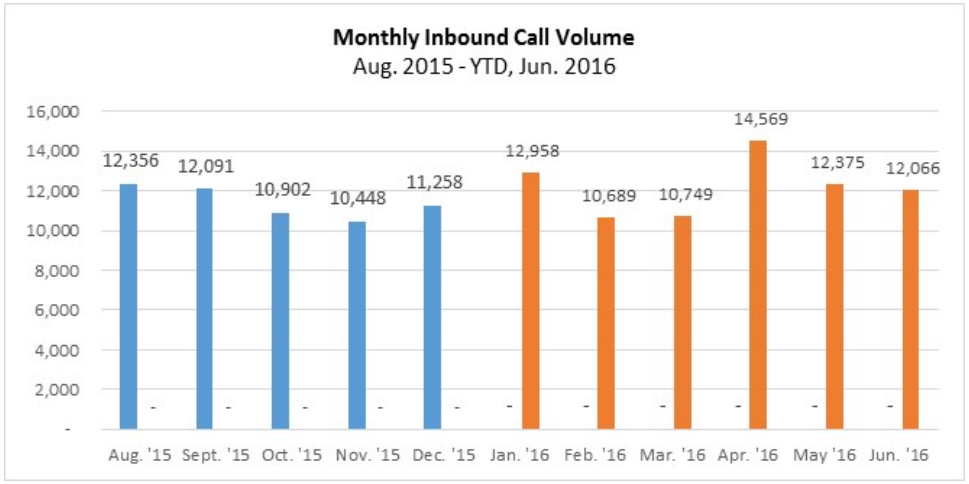


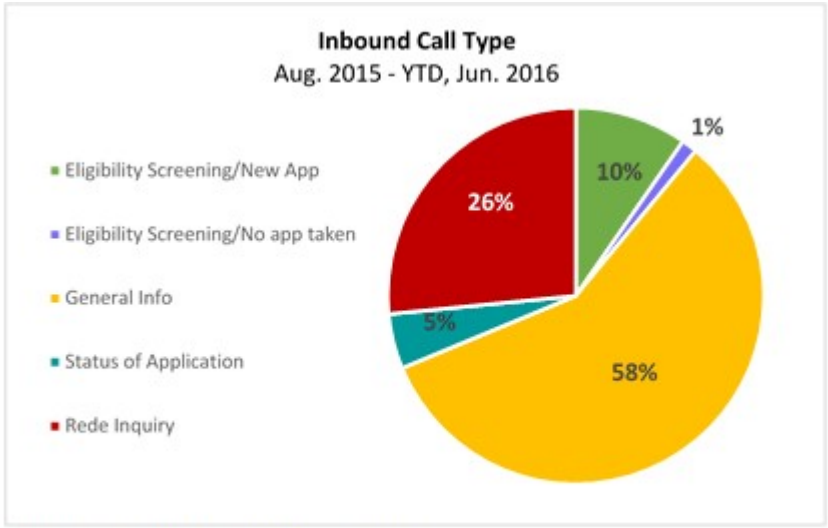
Marketing Activities

- Collaborative oversight: CountyCare & CCHHS
- Routine member and non-member research
- Key messages:
  - No Cost.
  - Quality Care.
  - Close To Home.
- New dashboard to track impact
- ***Reminder**: All marketing activities must comply with Federal regulations and be approved by HFS.*

Are People Calling?

Calls to CCHHS application call center

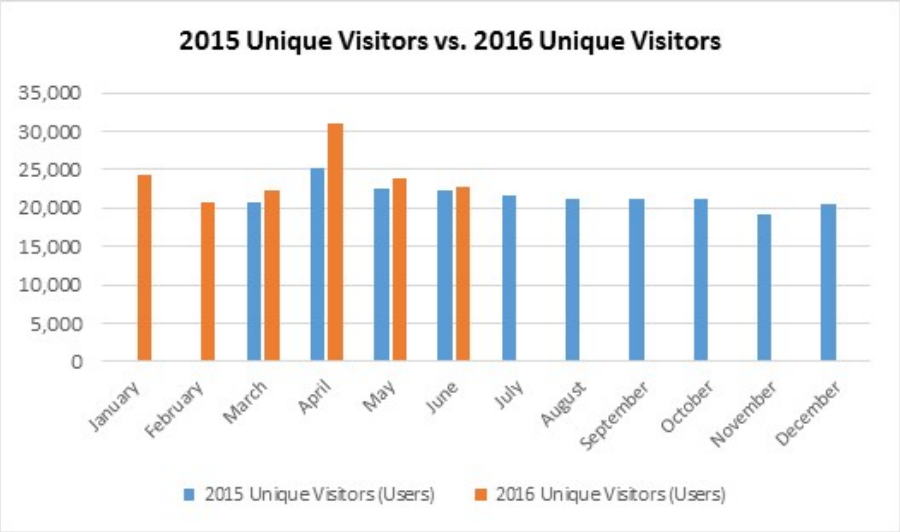


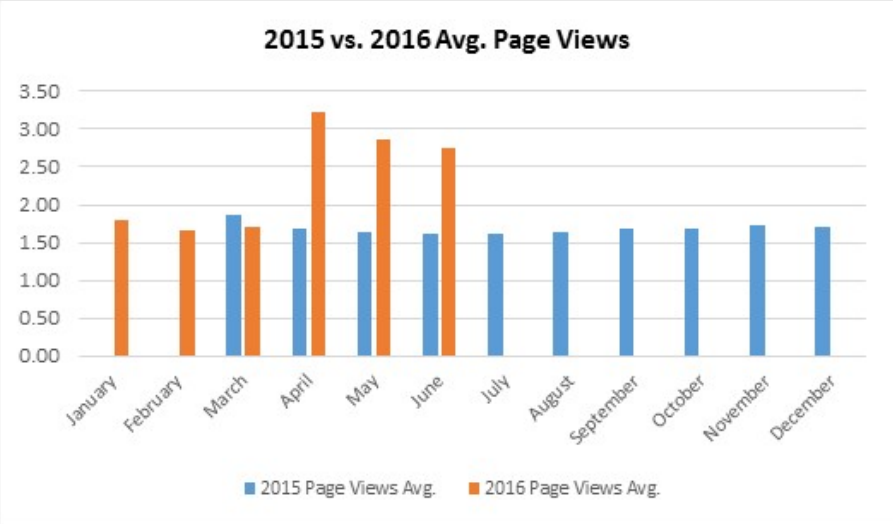


Note: Data represents August 2015 – June 2016.

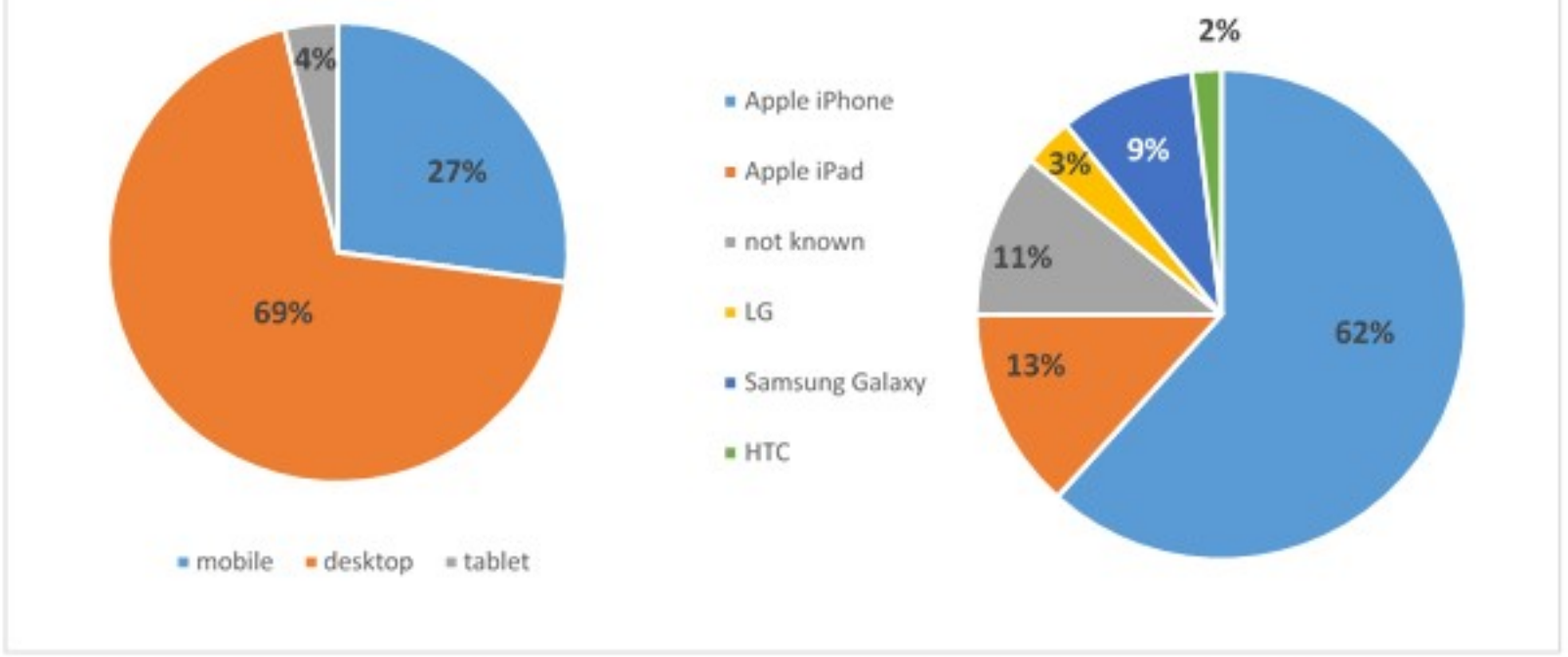
16% calls are application related

countycare.com Utilization





countycare.com Access

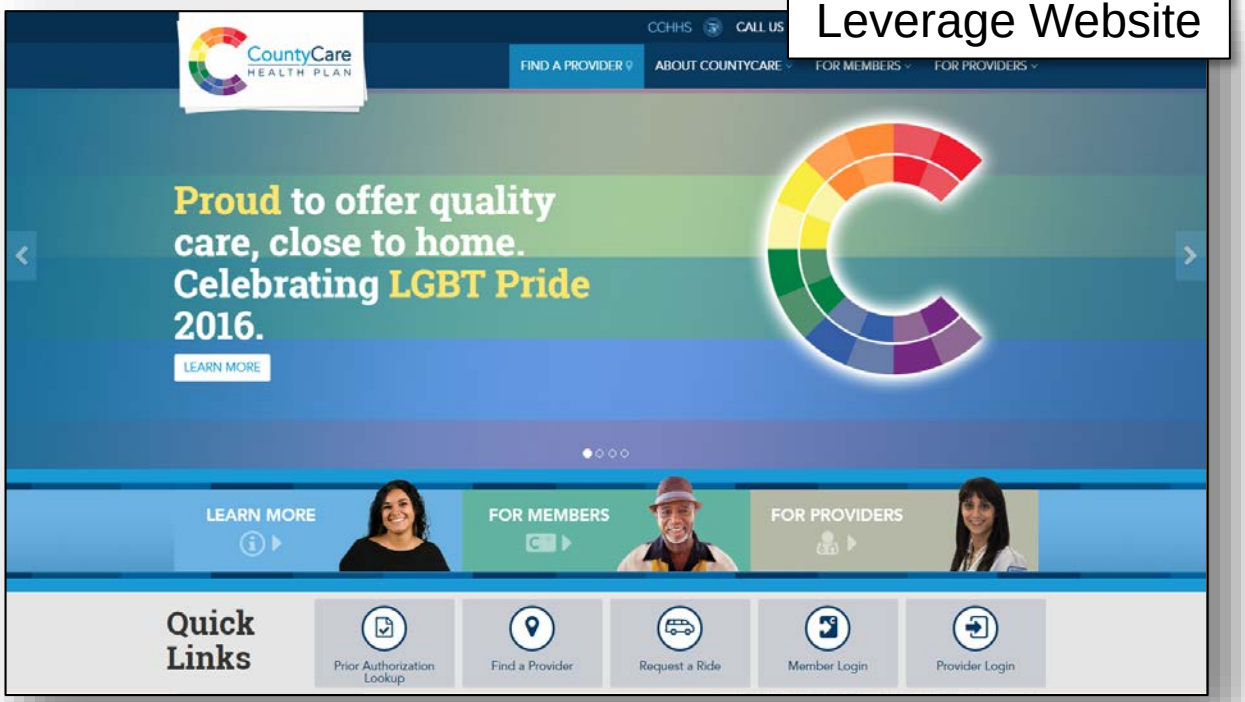


Note: The chart is based on the sessions in which mobile devices could be identified, representing 133,513 of the 433,150 sessions. The graph shows the top ten devices used, representing 68,388 of the 133,513 identified mobile devices. Devices used are of the total 433,150 sessions.

Marketing Next Steps

- Messaging grounded in research
- Continuous market presence
- Leverage existing and grow new outlets
- Dashboard refinement

Leverage Website



Electronic & Social Media

End of Report

Metrics Data Tables

Presented for Information Purposes Only.

Quality Metrics

Provided for Informational Purposes Only

Key Measures	Mar'16	Apr'16	May'16	June'16	% Change From Prior Month	Trend	FYTD'16 Budget or Goal	% to Budget/ Goal
1) QUALITY								
1.1) Ambulatory Access - ACA & FHP Adults								
CountyCare Overall	68.7%	72.70%	72.70%	72.70%	NA	--	83.84% (50th %ile)	86.7%
CCHHS	66.3%						83.84% (50th %ile)	
MHN ACO	70.9%	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available			83.84% (50th %ile)	
ACCESS	67.6%						83.84% (50th %ile)	
All Other	68.8%						83.84% (50th %ile)	
1.2) Ambulatory Access - ICP Adults								
CountyCare Overall	75.6%	77.40%	77.40%	77.40%	NA	--	86.91% (75th %ile)	89.1%
CCHHS	77.4%						86.91% (75th %ile)	
MHN ACO	NA	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available			86.91% (75th %ile)	
ACCESS	70.5%						86.91% (75th %ile)	
All Other	77.1%						86.91% (75th %ile)	
1.3) CY'15 State P4P Measures (FHP & ACA)								
Inpatient Follow-Up	45.9%	54.4%	54.40%	54.40%	NA	--	60.0%	90.7%
Well Child 15 Months - 6 Visits	6.7%	8.33%	8.33%	8.33%	NA	--	74.47% (90th %ile)	11.2%
Well Child Visits, 3-6 years	63.5%	73.06%	73.06%	73.06%	NA	--	78.46% (75th %ile)	93.1%
Immunization Status - Combo 3	0.0%	28.57%	28.57%	28.57%	NA	--	71.53% (50th %ile)	39.9%
Developmental Screenings	37.9%	39.7%	39.70%	39.70%	NA	--	65.7%	60.4%
Post Partum Care	42.6%	59.23%	59.23%	59.23%	NA	--	69% (75th %ile)	85.8%
Prenatal Care	78.2%	82.25%	82.25%	85.25%	NA	--	85% (75th %ile)	100.3%

Key:	@ or Better Than Goal	Within 5% of Goal	> 5% From Goal

Risk Management & Utilization Metrics

Provided for Informational Purposes Only

Key Measures	Mar'16	Apr'16	May'16	June'16	% Change From Prior Month	Trend	FYTD'16 Budget or Goal	% to Budget/ Goal
2) RISK MANAGEMENT								
2.1) Completed HRS/HRA (all populations, cum)								
Overall	65.4%	63.6%	62.7%	64.1%		▲	100%	64.1%
MHN ACO	76.3%	77.0%	77.0%	88.3%		▲	100%	88.3%
La Rabida Care Coordination (CSNs only)								
All Other	54.8%	49.1%	48.3%	39.3%		▼	100%	39.3%
2.2) High-Risk Stratification (all populations, cum)								
Overall	2.50%	2.50%	2.50%	3.70%		▲	3.0%	-18.9%
MHN ACO	4.10%	4.30%	4.10%	4.60%		▲	3.0%	-34.8%
La Rabida Care Coordination (CSNs only)	7.10%	7.80%	8.20%	4.90%		▼	3.0%	-38.8%
All Other	0.80%	0.80%	1.10%	2.30%		▲	3.0%	30.4%
3) UTILIZATION								
3.1) ER Utilization/1,000								
ACA	963	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available			1,017	-5.3%
FHP	753							
ICP	1,441							
3.2) Inpatient Utilization/1,000								
ACA	169	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available			168	0.6%
FHP	98							
ICP	421							
3.3) CountyCare Net Impact on CCHHS (Cum FYTD)	$50,124,629	$67,490,123	$85,852,860				$143,421,668	59.9%

Key:	@ or Better Than Goal	Within 5% of Goal	>5% From Goal

CountyCare HEALTH PLAN

Membership Metrics

Provided for Informational Purposes Only

Key Measures	Mar'16	Apr'16	May'16	June'16	% Change From Prior Month	Trend	FYTD'16 Budget or Goal	% to Budget/ Goal
4) MEMBERSHIP								
4.1) Monthly Membership	160,059	159,707	157,357	154,483	-1.8%	▼	178,457	86.6%
ACA	69,831	70,025	67,208	65,366	-2.7%	▼	*85,000*	76.9%
FHP	86,195	85,465	85,750	84,599	-1.3%	▼	*90,506*	93.5%
SPD	4,033	4,217	4,399	4,518	2.7%	▲	*2,951*	153.1%
Home/Community Waiver (incl DD)	*678*	*699*	*753*	*745*				
LTC	*273*	*285*	*294*	*290*				
4.2) FYTD Member Months	648,473	808,180	965,537	1,120,020			1,249,199	89.7%
ACA	*287,111*	*357,136*	*424,344*	*489,710*			*595,000*	82.3%
FHP	*346,322*	*431,787*	*517,537*	*602,136*			*633,542*	95.0%
SPD	*15,040*	*19,257*	*23,656*	*28,174*			*20,657*	136.4%
4.3) Mbrs by Delegated Care Management Group								
CCHHS (ACHN, LTSS, non-MHN ACO)	80,179	80,681	84,680	82,433				
MHN ACO	79,880	79,026	72,677	72,555				
La Rabida Care Coordination (CSNs only)	1,713	1,660	1,677	1,645				
4.4) Members Lost to Medicaid Cancellation								
# Mbrs Due for Redetermination	6,703	4,227	3,607	3,956	9.7%	▼		
# Rede Cancellations	3,484	2,867	2,045	2,574	25.9%	▼		
# Coverage Restored	1,055	966	918	1,014	10.5%	▲		
% Cancelled Due to Lack of Rede	36.2%	45.0%	31.2%	39.4%	26.2%	▼	< 22%	55.8%
4.5) Cook County Enrollment by Health Plan (rank order)							**Rank**	
Aetna Better Health Inc.	103,688	106,861	110,374		3.3%	▲	5th	
Blue Cross Blue Shield	161,394	203,421	207,275		1.9%	▲	1st	
CountyCare	**159,147**	**159,544**	**156,936**		-1.6%	▼	**3rd**	
Family Health Network (incl CCAI)	162,967	165,442	167,841		1.5%	▲	2nd	
Harmony Health Plan	103,319	101,325	102,230		0.9%	--	7th	
IlliniCare Health Plan	104,496	103,959	104,106		0.1%	--	6th	
Meridian Health Plan	74,972	127,707	141,867		11.1%	▲	4th	
Molina Health Care (FHP/ACA only)	104,194	98,559	97,570		-1.0%	▼	8th	
NextLevel Health	19,910	19,367	21,833		11.9%	▲	9th	

Key: @ or Better Than Goal | Within 5% of Goal | > 5% From Goal

Operations Metrics

Provided for Informational Purposes Only

Key Measures	Mar'16	Apr'16	May'16	June'16	% Change From Prior Month	Trend	FYTD'16 Budget or Goal	% to Budget/ Goal
5) OPERATIONS								
5.1) Member & Provider Services Call Center							Goal	Goal Met
Abandonment Rate	1.55%	41.30%	26.30%		-36.3%	▲	< 5%	N
Hold Time (member services as of 4/1)	0:00:47	0:09:50	0:05:07		-0:04:43	▲	< :01:00	N
Average Speed to Answer (member services as of 4/1)	0:00:18							
% Calls Answered < 30 seconds		45.20%	43.90%		-2.9%	▲	< 8%	N
5.2) Claims/Encounters Acceptance Rate	74.0%			86.5%			85%	101.8%
	FY'15 Q2 (Mar-May)	**FY'15 Q3 (Jun-Aug)**	**FY'15 Q4 (Sep-Nov)**	**FY'16 Q1 (Dec-Feb)**	**Change from Prior Q***		# Days	Goal Met
5.3) Claims Payment Turnaround Time (days)	40	38	45	37	-17.8%	▲	< 35	N

Key:	@ or Better Than Goal	Within 5% of Goal	> 5% From Goal